

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1957

'57 0 2 2 3 1 1
STATE FILE NUMBER

Registration District No. 360

Primary Registration District No. 36225

Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits <u>Washington Township</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <u>Warsaw</u> 00890 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF IF NOT in hospital, give location Length of stay in lb <u>State Hosp. #3</u> <u>10 yrs.</u>				d. STREET ADDRESS (If outside, give location) Reside on Farm <u>unknown</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>GOLDIE M. DISHMAN</u>				4. DATE OF DEATH Month Day Year <u>6 20 57</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8/14/05</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Month Day Min. <u>10 6</u>		IF UNDER 24 HRS. Hour Min. <u>5 10</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>			
11. BIRTHPLACE (City and state or country) <u>Buchanan Co. USA</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>A.E. Barnes</u>				14. MOTHER'S MAIDEN NAME <u>Ida Kelin</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>State Hospital Records</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>002XB</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Luetic Meningo Encephalitis</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>12/31/56</u> to <u>6/20/57</u> and last saw her alive on <u>6/20/57</u> Death occurred at <u>10:45</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>George Esker M.D.</u> (Degree or title)				22b. ADDRESS <u>State Hospital #3</u>		22c. DATE SIGNED <u>6/20/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 23, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kribsnaster Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kribsnaster Johnson Co., Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Reser Funeral Home, Warsaw, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6-22-1957</u>		26. REGISTRAR'S SIGNATURE <u>Wm E. Perry</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *John A. Reser*

Licensed Embalmer No. 4

P. O. Address *W. A. Reser*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.